**Neglected Cemetery Grant Program**

**Grant Application**

This application, its receipt, and/or any subsequent announcement or notification of an award associated with this application does not constitute a contract. A contract exists only when all required contractual documents are submitted and approved by OPM and the Grantee is notified that the contract is fully executed.

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| --- | --- |
| **Name of Municipality:** | Click to select from drop down list |
| **Contact person name for the Application:** | **Enter Contact Person Name** |
| **Contact Title:** | **Enter Contact Person Title** |
| **Contact Street Address:** | **Enter Contact Street Address** |
| **Contact City/State/ZIP:** | **Enter Contact City, State, ZIP** |
| **Contact Phone Number:** | **Enter Contact Person Phone** |
| **Contact E-mail Address:** | **Enter Contact Person E-mail** |
| **Remittance Street, City, State, ZIP:** | **Enter Remittance Street, City, State, Zip** |
| **Amount Requested For Twelve Months (max $2,000.00):** |  **$Enter Amount Requested** |
| **Name and address of cemetery where work is to be performed:** | **Type of work to be performed** |
| **Enter Cemetery Name & Address** | **Click to choose an item from the list****Click to choose an item from the list****Click to choose an item from the list****Click to choose an item from the list** |
| **Enter Cemetery Name & Address** | **Click to choose an item from the list****Click to choose an item from the list****Click to choose an item from the list****Click to choose an item from the list** |
| **Enter Cemetery Name & Address** | **Click to choose an item from the list****Click to choose an item from the list****Click to choose an item from the list****Click to choose an item from the list** |
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Certification below must be by the Chief Elected Officer (e.g., Mayor, First Selectman, Town/City Manager):

I do hereby certify the following:

1. I have reviewed this Grant Application and all attachments and links thereto.
2. The information contained herein is true and accurate to the best of my knowledge.
3. Should my municipality receive a grant award, grant funds will only be used for allowable purposes to maintain a neglected cemetery/cemeteries as defined in C.G.S. Sec. 19a-308.
4. I am authorized to apply for these funds.

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| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: | **Select Title** |
| Printed Name:  | **Printed Name** | Date: | **Click to enter date**. |